

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$48.00 for date of service, 06/13/01.
- b. The request was received on 06/10/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Retrospective medical audit dated 12/19/01
  - e. Office note
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. Copy of the July 1997 CPT Assistant documentation guidelines
  - c. Medical Records
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/31/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/31/02. The response from the insurance carrier was received in the Division on 08/12/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement found in the file.
2. Respondent: Letter dated 08/12/02

"The requester did NOT meet two out of the three required elements to bill for the expanded problem focused level office visit, therefore, no reimbursement is due."

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/13/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Provider billed the Carrier \$48.00 for services rendered.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Provider \$0.00 for services rendered.
5. The Carrier's EOB deny reimbursement as, "Cod1 F, T, N – DOCUMENTATION DOES NOT SUPPORT SERVICES BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED."
6. Carrier's retrospective review, dated 01/11/02, continues to deny reimbursement.
7. Per the Requestor's Table of Disputed Services, the amount in dispute is \$48.00 for services rendered on the date of service in dispute above.
8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/13/01	99213	\$48.00	\$0.00	F,T,N	\$48.00	MFG E/M GR (IV) (C); CPT Descriptor	<p>The carrier has denied the charges in dispute, as "Cod1 F,T,N – DOCUMENTATION DOES NOT SUPPORT SERVICES BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED."</p> <p>The MFG states CPT Code 99213 "requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity." The very limited SOAP notes submitted do not reflect the documentation requirements listed in the MFG. The provider has failed to submit medical documentation to support services billed in accordance with the MFG for reimbursement. <b>No</b> reimbursement is recommended.</p>
<b>Totals</b>		\$48.00	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 7th day of November 2002.

Denise Terry  
 Medical Dispute Resolution Officer  
 Medical Review Division

DT/dt